

CITY OF ALGONA

APPLICATION FOR Building Permit

200 Washington Boulevard
Algona, WA 98001
(253) 833.2897



Application #		Date Received	
Amount Paid		Received By	
Receipt #		Date Complete	

PERMIT TYPE:

- | | | |
|-------------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Fill/Grade | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Water |
| <input type="checkbox"/> Alteration | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Other |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Right-Of-Way | |

PROPERTY OWNER INFORMATION

Legal Owner's Name					
Owner's Address					
City		State		Zip	
Phone #		Email			
I certify under the penalty of the laws of the State of Washington that I am the property owner of the property that is the subject matter of this application and I am authorizing to and hereby do consent to the filing of this application and acknowledge that the final approval by the City of Algona, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property.					
Printed Name of Property Owner(s)					
Signature of Property Owner(s)					

APPLICANT INFORMATION (If different from property owner)

Applicant's Name					
Applicant's Address					
City		State		Zip	
Phone #		Email			
Applicant's Signature					

PRIMARY CONTACT INFORMATION (If different from property owner)

Contact's Name					
Contact's Address					
City		State		Zip	
Phone #			Email		

CONTRACTOR

Contractor					
Contractor's License #					
Business License #					
Contractor's Address					
City		State		Zip	
Phone #			Email		
Contractor's Signature					

PROJECT TEAM

Architect					
Architect's Address					
City		State		Zip	
Phone #			Email		
Engineer					
Engineer's Address					
City		State		Zip	
Phone #			Email		

PROPERTY INFORMATION

Address			
Parcel Number(s)/			
Acreage/Square Feet		Current Zoning	
Current Use			
Proposed Use			
Outstanding Permit(s) Numbers			

PROPOSAL INFORMATION

Scope Please provide a thorough description of your proposed project.			
Valuation of Construction Provide an engineer’s estimate of the cost of work.			
Basement SF: _____ 1 st Floor SF: _____ 2 nd Floor SF: _____ Garage SF: _____ Porch SF: _____ Deck SF: _____ Total SF: _____			

PLUMBING (PLEASE INDICATE NUMBER OF NEW OR RELOCATED FIXTURES)

- | | |
|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Clothes Washer:_____ | <input type="checkbox"/> Bathtub:_____ |
| <input type="checkbox"/> Dishwasher:_____ | <input type="checkbox"/> Shower: _____ |
| <input type="checkbox"/> Hose Bibb: _____ | <input type="checkbox"/> Shower/Tub Combo:_____ |
| <input type="checkbox"/> Backflow:_____ | <input type="checkbox"/> Hot Water Tank: _____ |
| <input type="checkbox"/> Toilet:_____ | <input type="checkbox"/> Sink: _____ |

TOTAL FIXTURES: _____

PLUMBING (PLEASE INDICATE NUMBER OF NEW OR RELOCATED FIXTURES)

- | | |
|----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Air Conditioner/Heat Pump:_____ | <input type="checkbox"/> Furnace <100,000 BTU : _____ |
| <input type="checkbox"/> Fans:_____ | <input type="checkbox"/> Furnace > 100,000 BTU: _____ |
| <input type="checkbox"/> Fireplace Insert: _____ | <input type="checkbox"/> Gas Piping:_____ |
| <input type="checkbox"/> Vents:_____ | |
| <input type="checkbox"/> Wall Heater: _____ | |

TOTAL FIXTURES: _____

FILL / GRADING

Type of Fill and/or Grade	
Amount in cubic yards	
Effect to Drainage	

RIGHT-OF-WAY

Linear feet of work in ROW	
Describe scope of work	

CITY OF ALGONA

SUBMITTAL REQUIREMENTS FOR Building Permit



A. APPLICABILITY

Building Permit

A Building Permit is required for new construction, additions, remodels, and demolitions. The requirements and procedures for all Building Permits is governed by Chapter 15.26 AMC.

B. MINIMUM SUBMITTAL REQUIREMENTS

The following items are the minimum initial submittal requirements for processing Building Permit:

- ☐ Completed and Signed Application Form and associated fee
- ☐ A copy of a Project Description
- ☐ Waiver and release form
- ☐ One copy of the Construction Plans (please bookmark each page)
- ☐ Critical Areas Report (if applicable)
- ☐ Contractor's License and Insurance
- ☐ Structural Calculations
- ☐ Geotechnical Report (if applicable)
- ☐ King County Health Department Approval (if applicable)
- ☐ Energy Code Compliance Forms
- ☐ Water and Sewer Availability Letter
- ☐ Phasing Plan (if applicable)
- ☐ Construction Staging Plan (if applicable)
- ☐ WAINES: If a mobile home is proposed, a Washington Installer's Certification Number (WAINES) for the installer and the installer's certification from the Washington State Department of Labor and Industries must accompany the building permit application.